

Submission to the Victorian inquiry into the performance of AHPRA

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community

## Introduction

This submission is made by the Victorian Branch of Royal Australian and New Zealand College of Psychiatrists (RANZCP) to the Victorian inquiry into the performance of the Australian Health Practitioner Regulation Agency (AHPRA). The Victorian Branch represents approximately 1000 Fellows of the College. The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for setting the training program, examining and providing access to Fellowship of the College to medical practitioners.

The Victorian Branch appreciates the opportunity to make a submission to the Legal and Social Issues Legislation Committee (LSLC) on the Victorian inquiry into the performance of the AHPRA. The Branch would like to thank the Committee for allowing a late submission to be accepted.

In considering the scope of the AHPRA inquiry RANZCP would acknowledge that it is not of specific or unique relevance to psychiatrists. The College notes that this inquiry is Victorian-based but that AHPRA is a national body; similarly we note that there has also been a parallel investigation into practices in the Queensland AHPRA [and the Queensland Medical Board] that is quite separate to the Victorian one.

## The National Registration and Accreditation Scheme

With introduction of the National Registration and Accreditation Scheme (NRAS) came an increase in registration fees, from \$415 in 2009 to \$650 to register with the national board in 2010. The College supports the need to review the registration fee and services, given that was one of the directives of the inquiry. The question would be around value for money in the services members gain for their registration. Anecdotal evidence from the Victorian Doctors Health Program (VDHP) suggests that practitioners do not believe they receive the same services as previously; one such service is the work VDHP do to support doctors under stress or unwell.

In line with the submission by the Office of the Health Services Commissioner (OHSC) the College would agree that there were problems experienced by Victorian practitioners when registering with the new body. The College notes that the initial delays with NRAS registration were not unique to Queensland and we would hope that these administration issues were temporary and are now resolved.

## Reporting and Processing of Complaints

The review of a psychiatrist's practice once a complaint has been made, along with any resulting investigation, can involve high administration costs, while not necessarily producing the intended results. Additionally, an investigation might take more than six months, leaving the patient and the reporting practitioner in the dark as to the outcome.

The College is on many occasions not informed that an investigation is occurring or of its outcome; this should be routinely done, given the College's role as a relevant party. On some occasions, conditions or suspensions have a direct affect on a Fellow's College membership, for example, if the Fellow sits on a College committee, or has a College representative role, or acts as a supervisor or examiner. This lack of transparency with findings and any penalty imposed is a commonly heard criticism. There would seem a need to improve the handling of complaints and to have greater transparency in the review and decision making process involved in hearing complaints.

The College is aware that complaints can take up to a year to determine. This varies depending on the nature of the complaint i.e. complaints made in relation to Family Court matters are delayed until the Court finalises the outcome. In some cases it has almost been one year since the College was initially approached to provide a recommendation for an assessor, with no apparent action from AHPRA then a further request is made months later for another recommendation for the same purpose. In most circumstances practitioners have full registration during this period with no reflection on their registration that there are concerns or issues.

Another point is, given that the AHPRA register is live, past conditions are not recorded on a practitioner's registration, once they have been complied with or the practitioner has applied to have them removed. On many occasions the College is not aware that the practitioner may have been subject to disciplinary matters. For example a practitioner in Queensland may have committed a boundary violation ten or twenty years ago by starting a relationship with a patient, albeit a consensual adult relationship. The conditions placed on their practice may still be in place today. In contrast, a practitioner who has committed more recent breeches, maybe within the last five years, can apply to have those conditions removed while the Queensland practitioner has not been given the same opportunity.

The College understands that part of the AHPRA process involves an internal checkbox that the notifications department refer to which includes notifying the College. However, more often than not, the College is not informed that conditions have been placed on an individual's registration or that, on occasion, their registration has been cancelled. It would seem logical that notification to all relevant parties, including colleges, registration or medical boards, and employers, need to be informed of such a decision.

### **Mental and physical health of psychiatrists**

If the situation arises where a complaint is made against a psychiatrist with an investigation resulting, there may be implications for their health and ability to practice. This situation would be stressful for any medical professional accused of wrongful behaviour especially where an investigation is carried out. A second equally concerning situation would be that where a practitioner becomes unwell, either through work-related stress or a medical condition. It is important for doctors who become unwell to be supported back to health and to their practice (if they wish to return to the same profession or discipline).

The VDHP is one organisation that provides necessary support, for both medical treatment and advice, for practitioners dealing with stress, physical or mental health issues. The RANZCP supports the need to provide this type of psychological and physical support services for those under stress, either resulting from a complaint or a medical problem.

### **Overlap with the jurisdiction of other health care regulators**

The role of AHPRA in Victoria would seem to overlap with that of a number of other health care regulators in the state. While it would be in the patient's best interest to have several avenues to address their concerns, there is a need for a clearer pathway for the complaints process.

For complaints regarding psychiatrists patients are able to approach the Chief Psychiatrist's Office, Office of Health Services Commissioner, and the Victorian Civil and Administrative Tribunal (VCAT) amongst others. It is important that AHPRA work with these agencies to clearly delineate roles. These agencies need also to collaborate on improving public knowledge and practitioner awareness of how each work and the role these services play. The College is happy to discuss this further with the LSLC inquiry.

There are also inconsistencies between the States regarding the way in which they manage the registration, investigation and management of practitioners. This ranges from trainees, to International Medical Graduates to Fellows, who are dealt with by a very different system depending on which State is managing the complaint or registration. This is to the extent that conditions, reprimands, or a notation on an individual's medical registration is inconsistent between States when managing a similar set of facts. This highlights an inherent disadvantage for some registration categories depending on location.

### **Recommendations**

The College would make the following recommendations to improve AHPRA's performance:

1. The College supports the need to review the registration fee and services as per the inquiry's directive.
2. To ensure that the initial issues concerning registration with the NRAS are resolved.

3. To improve the timeframe for handling complaints and for greater transparency in the review and decision making process involved in hearing complaints.
4. For AHPRA to work with Colleges and registration/medical boards on a clear process to handle complaints and informing the various parties concerned of any outcomes or restrictions on a practitioner.
5. Provide psychological and physical support services for those under stress, either resulting from a complaint or a medical problem.
6. For relevant agencies to collaborate on improving public knowledge and practitioner awareness of how each agency works and the role these services play.

For further information in respect of this submission or to schedule a meeting, please contact:

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